

# *Borough of Cliffside Park*

HEALTH DEPARTMENT



Municipal Complex  
525 Palisade Avenue  
Cliffside Park, New Jersey 07010



## REQUEST FOR CERTIFIED COPY OF BIRTH, MARRIAGE, DEATH CERTIFICATES

Name on Original Record: \_\_\_\_\_

Birth ( )  
Marriage ( )  
Death ( )

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Person requesting information: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to Person: \_\_\_\_\_

Signature of requester: \_\_\_\_\_

Registrar or Deputy: \_\_\_\_\_

Date: \_\_\_\_\_

PHOTO ID ATTACHED